

BENNETT JONES

FAX MESSAGE

RECEIVED  
CENTRAL FAX CENTER

Commissioner of Patents and Trademarks  
United States Patent and Trademark Office  
Washington, DC 20231  
U.S.A.

Bennett Jones LLP **APR 17 2007**  
Suite 3400 One First Canadian Place  
P.O. Box 130  
Toronto Ontario  
M5X 1A4

Tel 416.777.7490  
Fax 416.863.1716

FAX NO. 1-571-273-8300

FROM William B. Vass

PHONE NO.

LAWYER NO 1217 FILE NO ~~115,56646~~ 56646-1

DATE April 17, 2007

Original Status - Retained on File

This is the first page of 21

If all pages not received, call 416.777.4877 or email [Toroffsrv@bennettjones.ca](mailto:Toroffsrv@bennettjones.ca) for assistance.

This facsimile was successfully transmitted at:

MESSAGE

Re: U.S. Application No. 10/711,081  
Filed: August 20, 2004  
First Named Inventor: PRINCE, Dennis Scott

Attached: Transmittal Form  
Petition for Extension of Time  
Fee Transmittal Form  
Credit Card Payment Form  
Response

DMSTORLegal00085001217435230v1

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

CALGARY • EDMONTON • TORONTO



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 20

Application Number 10/711,081

Filing Date 08/20/2004

First Named Inventor PRINCE, Dennis Scott

Art Unit 2850

Examiner Name BELLAMY, T.D.

RECEIVED  
CENTRAL FAX CENTER

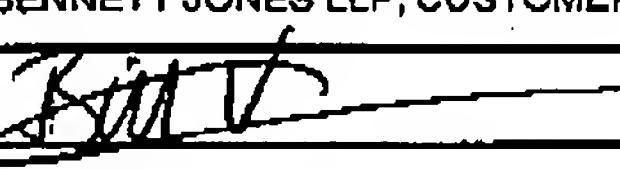
APR 17 2007

Attorney Docket Number 56948-1

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |                             |
|--------------|--|----------|-----------------------------|
| Firm Name    | BENNETT JONES LLP, CUSTOMER NO. 23971  |          |                             |
| Signature    |  |          |                             |
| Printed name | WILLIAM B. VASS  |          |                             |
| Date         | APRIL 17, 2007   | Reg. No. | 36416 (Customer No. 23,971) |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |  |
|-----------------------|--|
| Signature             |  |
| Typed or printed name | WILLIAM B. VASS  |
| Date                  | April 17, 2007   |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)
 **510.00**
**Complete if Known**

Application Number

10/711,081

Filing Date

08/20/2004

First Named Inventor

PRINCE, Dennis Scott

Examiner Name

BELLAMY, T.D.

Art Unit

2856

Attorney Docket No.

56646-1

RECEIVED  
CENTRAL FAX CENTER

APR 17 2007

**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: 02-2057 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u>  |                 | <u>SEARCH FEES</u>  |                 | <u>EXAMINATION FEES</u> |                 | <u>Fees Paid (\$)</u> |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
|                         | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u>     | <u>Fee (\$)</u> |                       |
| Utility                 | 300                 | 150             | 500                 | 250             | 200                     | 100             | _____                 |
| Design                  | 200                 | 100             | 100                 | 50              | 130                     | 65              | _____                 |
| Plant                   | 200                 | 100             | 300                 | 150             | 160                     | 80              | _____                 |
| Reissue                 | 300                 | 150             | 500                 | 250             | 600                     | 300             | _____                 |
| Provisional             | 200                 | 100             | 0                   | 0               | 0                       | 0               | _____                 |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> |                 |
|---|---------------------|-----------------|----------------------|---------------------|-----------------|
|   |                     |                 |                      | <u>Fee (\$)</u>     | <u>Fee (\$)</u> |
| - 20 or HP =  | x                   | =               |                      | 50                  | 25              |
| HP = highest number of total claims paid for, if greater than 20. |                     |                 |                      | 200                 | 100             |
| Indep. Claims   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 360                 | 180             |

- 3 or HP =    x    =     
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             |                     | / 50 = (round up to a whole number) x                   |                 |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                          |  |  |                                      |
|--------------------------|--|--|--------------------------------------|
| <u>Signature</u>         |  | <u>Registration No.</u><br>(Attorney/Agent) <u>36416</u> | <u>Telephone</u> <u>416-863-1200</u> |
| <u>Name (Print/Type)</u> | <u>WILLIAM B. VASS</u>   |  | <u>Date</u> <u>APRIL 17, 2007</u>    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.